DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

**Medicare Home Health Care
Community Beneficiaries
2001**

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E X E C U T I V E   S U M M A R Y

PURPOSE

To identify the population of Medicare home health beneficiaries coming from the community, to describe how they access home health care, and to identify any access issues.

BACKGROUND

The home health care environment has undergone a great deal of change within the last few years. This inspection is part of a larger body of work that the Office of Inspector General (OIG) is conducting on Medicare home health services. For this study, we defined "home health community beneficiaries" as those patients that have not been in a hospital or skilled nursing facility in the 15 day period prior to the start of their home health care. First, we analyzed home health claims data from the Centers for Medicare & Medicaid Services (CMS) for each of the first quarters of 1997 through 2000.   Secondly, we administered a mail survey to 501 Medicare home health beneficiaries.   Finally, we interviewed 60 aging network representatives, 30 home health agencies, 21 physicians, and 10 home health hotline representatives for a total of 121 telephone interviews.

FINDINGS

About 40 percent of Medicare home health beneficiaries do not have a prior hospital or nursing home stay

Thirty-eight percent of Medicare beneficiaries who started home health care in the year 2000 had not been in a hospital or skilled nursing facility prior to getting home health care. We found variation across States in 2000 with regard to the percentage of Medicare "community beneficiaries." For example, 2000 data show that New Jersey had the lowest percentage of "community beneficiaries," 27 percent of all Medicare home health patients in that State, while the percentage in the State of Louisiana was 47 percent.

Characteristics of "community beneficiaries" unchanged

We found only minimal change over time in the characteristics of "community beneficiaries" receiving home health services. The average age, gender ratio, racial distribution, and urban/rural designation all remained relatively constant between 1997 and 2000. In addition, the same five diagnoses remained in the top five ranking for home health beneficiaries who came from the community between 1997 and 2000. When comparing the diagnoses of "community beneficiaries" and hospital-discharged patients, we found some evidence that "community home health patients" have more chronic conditions.

Beneficiaries accessing home health care from the community rely on multiple sources to obtain home health services

All respondents agree that doctors play the most prominent role in connecting "community beneficiaries" to home health services. However, they add that family or friends also play a role and that aging network representatives are sometimes instrumental in informing "community beneficiaries" about the availability of home health services.

Overall, home health care appears to be accessible

The majority of physicians (18 of 21) and home health agencies (22 of 30) we spoke with report that all of the "community beneficiaries" who were eligible for Medicare home health services were able to get these services during the past year. In addition, aging network representatives did not report any major access problems; however, most of those who had contact with Medicare "community beneficiaries" point out that they generally do not know whether or not these beneficiaries eventually get home health services. While we did not find evidence of significant access problems for "community beneficiaries," some respondents expressed concerns about various aspects of home health care. Physicians, home health agencies, and aging network representatives all report anecdotal evidence that "community beneficiaries" with certain medical conditions are unable to obtain Medicare home health services. In most instances, we found the reported experiences of "community beneficiaries" to be similar to those discharged from the hospital into Medicare home health services.